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THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

RANDY BLAKE PATTERSON,)
)
Plaintiff,)
vs.)
) Case No. CJ-2015-5283
NATIONAL BOARD OF MEDICAL)
EXAMINERS,)
)
Defendant.)

DEPOSITION OF WILLIAM DOOLEY, M.D.

TAKEN ON BEHALF OF THE DEFENDANT

IN OKLAHOMA CITY, OKLAHOMA

ON AUGUST 31, 2016



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EXHIBIT

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<p>THE DISTRICT COURT OF OKLAHOMA COUNTY STATE OF OKLAHOMA</p> <p>RANDY BLAKE PATTERSON,) vs.) Plaintiff,)) vs.)) Case No. CJ-2015-5283 NATIONAL BOARD OF MEDICAL) EXAMINERS,)) Defendant,)</p> <p>DEPOSITION OF WILLIAM DOOLEY, M.D. TAKEN ON BEHALF OF THE DEFENDANT IN OKLAHOMA CITY, OKLAHOMA ON AUGUST 31, 2016</p> <p>REPORTED BY JILL TUCKER SHAW, CSR #3459</p>	<p>1 EXAMINATION INDEX 2 WILLIAM DOOLEY, M.D. 3 DIRECT BY MS. ALDEN 5 4 CROSS BY MR. CLARK 35 5 6 EXHIBIT INDEX 7 8 Defendant's Exhibits 9 1 Letter from Clark & Mitchell to Jack 16 10 Dawson and Amy Alden dated June 24, 2016 11 2 USMLE Certified Transcript of Scores 23 12 3 Handwritten ranking forms for Blake 31 13 Patterson M.D. 14 15 16 17 18 19 20 21 22 23 24 25</p>
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<p>1 APPEARANCES 2 FOR THE PLAINTIFF: 3 STEVEN E. CLARK 4 KATIE TEMPLETON 5 Attorneys at Law 6 Clark & Mitchell, P.C. 7 101 Park Avenue, Suite 210 8 Oklahoma City, Oklahoma 73102 9 (405) 235-8488 10 Katie@clarkmitchell.com 11 FOR THE DEFENDANT: 12 AMY ALDEN 13 Attorney at Law 14 Miller Dollarhide 15 210 Park Avenue, Suite 2550 16 Oklahoma City, Oklahoma 73102 17 (405) 235-8130 18 Alden@millerdollarhide.com 19 FOR THE WITNESS: 20 JENNIFER NEEDHAM 21 Attorney at Law 22 OU Health Sciences Center 23 1105 N. Stonewall, Suite 221 24 Oklahoma City, Oklahoma 73117 25 Jennifer-needham@ouhscc.edu</p>	<p>1 STIPULATIONS 2 IT IS HEREBY STIPULATED AND AGREED BY and 3 between the parties hereto, through their respective 4 attorneys, that the deposition of WILLIAM DOOLEY, 5 M.D., may be taken on behalf of the Defendant on 6 August 31, 2016, in Oklahoma City, Oklahoma, by Jill 7 Tucker Shaw, Certified Shorthand Reporter for the 8 State of Oklahoma, pursuant to Notice and agreement. 9 IT IS FURTHER STIPULATED AND AGREED BY and 10 between the parties hereto, through their respective 11 attorneys, that all objections, except as to the form 12 of the question and responsiveness of the answer, are 13 Reserved until the time of trial, at which time they 14 may be made at the time of the taking of this 15 deposition. 16 17 18 19 20 21 22 23 24 25</p>

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<p style="text-align: right;">Page 5</p> <p>1 WILLIAM DOOLEY, M.D., 2 being first duly sworn, deposes and says in reply to 3 the questions propounded as follows: 4 DIRECT EXAMINATION 5 BY MS. ALDEN: 6 Q. State your name, please. 7 A. William Chestnut Dooley. 8 Q. And, Dr. Dooley, what is your home address? 9 A. [REDACTED] 10 Q. What's your business address? 11 A. 920 Stanton L. Young, Suite 2140, Oklahoma 12 City, Oklahoma, 73104. 13 Q. Dr. Dooley, have you ever given a deposition 14 before? 15 A. Yes. 16 Q. So you are familiar with the process. I'll 17 ask you questions and you'll answer them. 18 A. (Witness nods head.) 19 Q. We'll try not to speak over. 20 A. Okay. 21 Q. And you nodded your head in response to my 22 last question. If I ask you to verbalize your 23 answer, it's because it makes it easier for the court 24 reporter and for all of us reading the transcript</p>	<p style="text-align: right;">Page 7</p> <p>1 would be administrative and teaching capacities. The 2 University doesn't have expertise in this case. So I 3 don't think it's proper to ask that. But to the 4 extent he is asked an opinion question, that will be 5 his personal opinion, not the opinion of the 6 University. And I do not represent him in his 7 experience capacity. 8 However, the plaintiff was a student at the 9 University. So Dr. Dooley probably does have 10 knowledge of facts leading up to this case. And I 11 just wanted to clarify that. So I would object to 12 anything that is not factual. 13 MS. ALDEN: Okay. 14 Q. (BY MS. ALDEN) Anything that you want to 15 add to that in your personal capacity, Dr. Dooley? 16 A. I was told that I was named as an expert. I 17 never agreed to be an expert for anybody. So I'm 18 here as a factual witness, not an expert. 19 Q. Okay. I did not name you as an expert 20 witness. It's my understanding you are going to give 21 opinion testimony in this case. However, I 22 understand that your expert opinions are your 23 intellectual property. And so to the extent you are 24 willing to share them, great. And if you're not 25 willing to share them, I certainly understand that.</p>
<p style="text-align: right;">Page 6</p> <p>1 later on to know exactly what it was that you said. 2 Okay? 3 A. Yes. 4 Q. If I ask you a question that you don't 5 understand or for whatever reason doesn't make sense 6 to you, would you ask me to rephrase it? 7 A. Okay. 8 Q. And otherwise, we'll take a break anytime 9 you would like to take one. 10 You are represented by counsel here today; 11 correct? 12 A. Yes. 13 Q. Ms. Needham? 14 MS. NEEDHAM: Yes. 15 Q. (BY MS. ALDEN) And tell me what you did to 16 prepare for the deposition today, if anything? 17 A. Nothing besides the telephone calls from 18 each side that were done a month or two ago. 19 MS. NEEDHAM: And Amy, my apologies. I 20 would, since you started out with that question, like 21 to make an announcement for the record as far as my 22 representation of Dr. Dooley. 23 I am in-house counsel for the University. 24 So I represent him in his employment capacity as long 25 as he's in the scope of his employment, which here</p>	<p style="text-align: right;">Page 8</p> <p>1 But that will be up to you and Ms. Needham. 2 MR. CLARK: Let me interpose my own 3 statement and objection. 4 I advised counsel for NBME, Mr. Dawson, that 5 Dr. Dooley and Dr. Jones were not retained experts. 6 We had a lengthy discussion of whether they should be 7 designated experts under the federal rules to 8 technically comply. I don't think there's any real 9 dispute as to their role. If they have been "deemed" 10 experts, it was simply to qualify or to comply with 11 the very technical aspects of the federal rules. 12 So it's my understanding Mr. Dawson and I 13 had an agreement as to their role. 14 MS. ALDEN: And I'm not suggesting you 15 didn't have an agreement. I'm just saying to the 16 extent that Dr. Dooley has an expert opinion elicited 17 that he doesn't wish to share, I mean, I feel like I 18 have no ability to compel him to share intellectual 19 property that belongs to him. And if he isn't asked 20 to elicit such an opinion, then so be it. I'm just 21 saying I understand. 22 Q. (BY MS. ALDEN) How are you currently 23 employed, Dr. Dooley? 24 A. By the University of Oklahoma. 25 Q. In what capacity?</p>

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<p>1 A. The G. Rainey Williams Professor of Surgical 2 Breast Oncology.</p> <p>3 Q. So you are a member of the faculty of the 4 University of Oklahoma College of Medicine?</p> <p>5 A. Correct.</p> <p>6 Q. How long have you been affiliated with the 7 University of Oklahoma College of Medicine?</p> <p>8 A. Since 2001.</p> <p>9 Q. And what did you do before that?</p> <p>10 A. I was on the faculty of the Johns Hopkins 11 University School of Medicine.</p> <p>12 Q. Have you been on the faculty of any other 13 higher education institutions or colleges of 14 medicine?</p> <p>15 A. No.</p> <p>16 Q. In your role as a member of the faculty at 17 either Johns Hopkins or the University of Oklahoma 18 Colleges of Medicine, has it been part of your 19 responsibility to advise students who are 20 participating in the National Resident Matching 21 Program?</p> <p>22 A. It's a routine part of my duties, yes.</p> <p>23 Q. And can you tell me a little bit about what 24 that experience looks like?</p> <p>25 A. Usually, in the third year, as they're</p>	<p>1 A. One, to write letters of recommendation for 2 them, if requested. Two, when they have questions 3 about residency training programs and what their 4 capabilities might be for what would be a best match 5 for them, to give some advice as to where they stand 6 relative to their peers and what they might match -- 7 best match for, and what's within the scope of their 8 likely matching and what's probably beyond the scope 9 of their typically matching.</p> <p>10 Q. Did you have any discussions with Randy 11 Blake Patterson, the plaintiff in this case, about 12 what was within the scope or beyond the scope of 13 probability for him in terms of a residency match at 14 any time?</p> <p>15 A. Yes.</p> <p>16 Q. Can you tell me about those conversations?</p> <p>17 A. Yes. He was in a lower percentile rank in 18 his class, which made him not a good candidate for 19 many surgical training programs. It is a level at 20 which he probably could have gotten rotating 21 internships, but not necessarily directly out of a 22 surgical internship residency program.</p> <p>23 Q. Can I stop you right there and ask you to 24 clarify what you mean by that? You are kind of 25 talking in a lingo that is foreign to me.</p>
<p>approaching the fourth year, they begin to take the exams necessary and do the application process for residency application. And they will begin to look for letters of recommendation which then go into the matching program.</p> <p>And once they complete their record for the matching program, interested programs that they're applying to get to decide who they want to interview, who they don't. And then after the interviews, the residency programs rank in order of their preference who they would like to have and the applying interns/residents do the same.</p> <p>And then a computer program matches them up to make best matches, and that's the match system. Usually, they're told on the Ides of March of their fourth year.</p> <p>Q. Okay. They're told whether or not they have achieved a match with a residency program?</p> <p>A. And where it is. Up until that point, they have no idea of where they may be working as of July 1 of that year after they graduate.</p> <p>Q. In that process that you just described, what is your role in assisting students? Or at least as I understood you to say, you had a role in advising students through that process?</p>	<p>A. Okay. Surgical training programs now mostly accept people, and expect to accept an intern class, who then will, over the span of the next five years, progress to finishing a surgical residency, passing the qualifying and certifying exams in surgery, and becoming board certified surgeons at the end of their residency. So they are making really a long-term commitment to somebody who they think has the capability of doing that.</p> <p>For that reason, they tend to be competitive and tend to pick from the upper tier, the upper 50 or 60 percent of the class. When you fall below that level, it's harder to match into a surgical program that's willing to make a commitment for a long period of time.</p> <p>There are options for people who are interested in surgery who may fall below the level, which would normally match for a long surgical residency....</p> <p>Q. Is that what's known as a categorical position?</p> <p>A. Yes, those could be categorical positions in surgery, where there are institutions not making a commitment more than one to two years. Or rotating internships, which where you are not specified to a</p>

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<p>1 particular residency subspecialty, but then you can 2 apply later to fill slots that become available. 3 People may start surgical residencies, and 4 for illness/family, decide they are not interested in 5 this and will switch specialties, and then gaps will 6 appear in regular surgical training programs. And 7 usually the pool they pick from is this pool that has 8 been either categorical or rotating. And they pick 9 somebody from that and make a longer commitment. Or 10 they may make a commitment for a single year and, if 11 they perform well, then extend that for a longer 12 period.</p> <p>13 Q. And before I asked you to stop and clarify, 14 you were telling me that because Dr. Patterson was in 15 the lower ranks of his class, it made him not a good 16 candidate for many surgical training programs.</p> <p>17 A. Correct.</p> <p>18 Q. Continue with what you were saying about 19 that, if you would.</p> <p>20 A. Well, that means the major university 21 programs, the bigger community hospital programs, 22 would be looking for somebody with both higher 23 medical school grades and higher board scores and 24 higher scores on shelf exams for the various 25 rotations, clinical rotations, than he had. So I had</p>	<p>1 Q. Do you know whether or not he followed that 2 advice? 3 A. No. 4 Q. Have you ever been the program director of a 5 residency program? 6 A. No. 7 Q. Are you involved in evaluating residency 8 candidates for any residency programs? 9 A. Yes. 10 Q. Tell me -- 11 A. Both at Hopkins and here. 12 Q. Tell me about your experiences at Hopkins 13 and here at OU College of Medicine in evaluating 14 prospective residency candidates. 15 A. I interview them when they come for the 16 interviews. At neither institution did I participate 17 in deciding who to interview, but I interviewed them 18 and then the faculty meet -- all the faculty who have 19 interviewed meet and discuss the -- how to rank them 20 and then participate in a ranking in the order of 21 which we would like to have them as our residents. 22 So I've done that at both institutions a 23 total of 30 plus years. 24 Q. And has that been for surgical residencies? 25 A. Surgical residency -- general surgery</p>
<p>1 recommended to him that he consider categoricals -- 2 rotating internships, research -- as an alternative 3 so he could take an exam again and get a higher score 4 on it, something to fill the time, because not 5 filling the time would make it harder to get into any 6 kind of program, and look for programs that had 7 recently been placed on probation or were in a 8 probationary period about to come off, because 9 usually those were not attractive to people who are 10 in the upper half of a medical school class. 11 So he might get a chance for a program who 12 would risk a slot on him if they were trying to get 13 out of a marginal situation relative to the residency 14 program.</p> <p>15 Q. Do you know how many times Dr. Patterson 16 participated in the residency match?</p> <p>17 A. I know he -- or I believe that he 18 participated at least twice.</p> <p>19 Q. Do you know whether or not these discussions 20 that you had with him took place before the first 21 time he participated in the match, or would it have 22 been subsequent to that? Do you know?</p> <p>23 A. I believe I discussed with him before each 24 of the two times that I was aware that he 25 participated.</p>	<p>1 residency. 2 Q. Any other specialty? 3 A. We had a surgical oncology training program 4 at Johns Hopkins when I was there, a fellowship 5 program. So I participated in that program. And I 6 have not participated in -- for other residency 7 programs. 8 Q. So everything has been related to surgical 9 residency? 10 A. Yes. 11 (Defendant's Exhibit No. 1 was marked for 12 identification purposes.) 13 Q. (BY MS. ALDEN) Okay. I'm going to hand you 14 what's been marked as Exhibit 1 to your deposition. 15 And this is a letter that we received from 16 Dr. Patterson's counsel outlining what they expect 17 your testimony to be at the trial of this matter, and 18 so I want to ask you some questions about it. 19 If you'll look at the third full paragraph 20 on that first page, it states that, "Dr. Dooley has 21 stated he will testify that Randy Blake Patterson 22 would have interviewed better than his grades perhaps 23 indicated." 24 Is it your intent to give that testimony at 25 the trial of this matter?</p>

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<p>1 I thought it was unlikely he would be interviewed, 2 given his class rank.</p> <p>3 Q. Was there any other reason that you thought 4 he might not be interviewed?</p> <p>5 A. Well, the residents who had reviewed his 6 performance rotating on the service were not of a 7 strong enough opinion that he would be a good fit 8 with the other residents. And since they are going 9 to be paired together for many years, we tend to 10 watch out to make sure they believe the people we're 11 choosing are going to be a good fit to work within 12 the group and not be the odd person out or not mesh 13 well with that group of residents.</p> <p>14 Q. You mentioned at the beginning of your 15 deposition that you had, on previous occasions, 16 visited both with plaintiff's counsel and with me.</p> <p>17 A. Sure.</p> <p>18 Q. Do you recall, in our conversation at least, 19 saying that Dr. Patterson was viewed as a bit of an 20 odd duck?</p> <p>21 A. Yes.</p> <p>22 Q. And you felt that you might have a rebellion 23 on your hands if he was offered a residency position 24 here at the University of Oklahoma?</p> <p>25 A. Correct.</p>	<p>1 A. I don't have them immediately available to 2 me, but I know that he struggled to pass the scores, 3 particularly the part two. (Defendant's Exhibit No. 2 was marked for identification purposes.)</p> <p>6 Q. (BY MS. ALDEN) I want to hand you what has 7 been marked as Exhibit 2 to your deposition, and ask 8 you if that's a type of document that you've seen 9 before.</p> <p>10 A. Yes.</p> <p>11 Q. Can you tell us what it is?</p> <p>12 A. It's the transcript of scores from the USMLE.</p> <p>14 Q. And does it appear to be the transcript for 15 Dr. Patterson?</p> <p>16 A. Yes.</p> <p>17 Q. Take a look at the transcript and then I'll 18 ask you some questions about it.</p> <p>19 A. Yeah, I've looked at it.</p> <p>20 Q. It says that Dr. Patterson took the Step 1 21 component of the USMLE in June of 2011. He passed 22 with a score of 190, with a minute passing score 23 being 188.</p> <p>24 In your experience, how does that -- what 25 type of score is that?</p>
<p style="text-align: center;">Page 22</p> <p>1 Q. We talked about that, of course, he has to 2 be offered an interview before he can be matched up 3 with a program that would push him sufficiently.</p> <p>4 Are there other factors besides just grades 5 that go into a program's decision to offer an 6 interview to a prospective resident?</p> <p>7 A. To get to the baseline of the interview, you 8 need grades and national board scores, percentile 9 scores. And the better ones like to see top scores 10 taking the exam only once. You occasionally -- if 11 somebody looks pretty good on paper, they can have a 12 bad day and take the exam again and show much 13 improvement and the people feel better about it.</p> <p>14 That's always a concern though, because the 15 rest of the residency is a series of standardized 16 exams. So you want to get somebody who is going to 17 be able to pass those exams actually and finish the 18 residency.</p> <p>19 Q. What is your familiarity with 20 Dr. Patterson's history of board scores? And by 21 board scores, we're talking about the USMLE -- the 22 various components of the USMLE; correct?</p> <p>23 A. Yes.</p> <p>24 Q. Tell me, what is your familiarity with 25 Dr. Patterson's history of scores with the USMLE?</p>	<p>1 A. That's going to be in the lowest 20th 2 percentile of students going into a surgical training 3 program.</p> <p>4 Q. Looking at the USMLE Step 2, does it show 5 when Dr. Patterson sat for the clinical skills 6 portion of the USMLE?</p> <p>7 A. Yes. Clinical skills was on August 6, 2013.</p> <p>8 Q. And it shows a passing score; correct?</p> <p>9 A. Right.</p> <p>10 Q. Does it show that he ever took Step 2 CS at 11 any other time?</p> <p>12 A. No.</p> <p>13 Q. And so therefore, it does not show that he 14 had a failing score on the Step 2 CS, does it?</p> <p>15 A. No.</p> <p>16 Q. But if you will look at the step 2 CK, it 17 says that he sat for that portion of the exam on 18 December 22, 2012, and achieved a failing score; correct?</p> <p>19 A. Correct.</p> <p>20 Q. Do you know whether or not that failing 21 score was reported prior to Dr. Patterson's first 22 time participating in the match?</p> <p>23 A. I don't remember the dates specifically.</p> <p>24 Q. Okay. Would that -- and let me -- in</p>

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<p>1 fairness to Dr. Patterson, he then took it again and 2 passed it; correct? 3 A. Marginally, yes. 4 Q. Okay. That would be -- 5 A. Not a high score, but partial pass. 6 Q. Okay. Would the initial failing score be a 7 negative mark for residency programs considering 8 Dr. Patterson? 9 A. It would be. And it could really only be 10 overcome by a pretty remarkable high pass score the 11 second go-round, that he just had a bad day or 12 something. But a marginal pass doesn't help you very 13 much. You need to score really dramatically higher. 14 Q. Okay. If Dr. Patterson had had something 15 else as part of his package in addition to the 16 failing score and the marginal score, would that have 17 made it more probable that he would have been 18 interesting to a surgical residency program, in your 19 experience? 20 A. It's difficult to overcome these cluster -- 21 his class rank plus this. But performance and 22 research and publications and that sort of thing 23 might have convinced somebody to risk. 24 But again, it would be not one of the upper 25 tier programs. It would be a program who needed to</p>	<p>1 stellar experience in the gap year, that would fall 2 on Dr. Patterson, wouldn't it? 3 A. Yes. 4 Q. I want to take another look at Exhibit 1, if 5 you would. Again, it's the third full paragraph and 6 it says, "The gap year as a result of failing the 7 USMLE CS2 exam likely caused Dr. Patterson to be 8 excluded from some interviews in his second 9 application for a match." 10 Is this an opinion or opinions which you 11 intend to give at the trial of this matter? 12 A. His class rank plus USMLE failure in 13 combination probably led to exclusion from some 14 interviews. 15 Q. You don't know with any amount of certainty, 16 do you? 17 A. No. But from many years of sitting on 18 committees reviewing these applications, it would 19 have likely fallen well below the level of even 20 inviting somebody for an interview. 21 Q. And in reference to the gap year, I just 22 want to make sure we are talking about the same 23 thing. I'm going to represent to you that 24 Dr. Patterson participated in the match for the first 25 time in 2013.</p>
<p style="text-align: center;">Page 26</p> <p>1 take some risks to fill a slot because they were 2 short of people. 3 Q. Do you have any awareness as to whether or 4 not Dr. Patterson did anything to sort of make 5 himself competitive for those lower tier programs 6 that you mentioned? 7 A. I believe he was working on school public 8 health for a period of time when he didn't match the 9 first time before he tried the second go-round, as I 10 remember. 11 Q. Does that rise to the level of an experience 12 that would make it likely that he would -- 13 A. He would need a -- 14 Q. -- get a surgical residency? 15 A. He would need a stellar performance and 16 overwhelmingly positive reviews of that performance 17 to be able to overcome. 18 Q. Would it make a difference if he enrolled 19 for a Master in Public Health, but did not receive a 20 Master degree and instead got a Certificate in Public 21 Health? 22 A. That probably would not rise to the level of 23 counteracting the negative from his class rank plus 24 the board scores. 25 Q. And the responsibility for getting that</p>	<p style="text-align: center;">Page 28</p> <p>1 A. Okay. 2 Q. When you are talking about a gap year, are 3 you talking about the year from the time that he did 4 not match in 2013 around to the second time he 5 participated in the match in 2014? 6 A. It would be a gap year between the fourth 7 year of medical school and starting residency. You 8 should graduate medical school and start a residency 9 within a few months. So a gap year is anytime beyond 10 that year. 11 Q. Okay. I'm glad I asked. 12 Do you have -- and you may have already said 13 this, but I want to be clear. Your view is that 14 Dr. Patterson's gap year was caused not only by a 15 failing USMLE CS2 score, but also his low grades? 16 A. Correct. 17 Q. Now, I know that this letter says USMLE CS2. 18 And does that to you mean clinic skills? 19 A. That would be what I would interpret CS2. 20 And it was the clinical knowledge test that was the 21 issue. 22 Q. And so he doesn't have a failing score for 23 clinical skills; correct? 24 A. No. 25 Q. And does it appear to you that during the</p>

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<p>1 time he would have been participating in the 2013 2 match, he had only a failing score on the clinical 3 knowledge; correct? 4 A. Correct. 5 Q. And so when you are talking about a failing 6 score, you are referring to the clinical knowledge 7 component? 8 A. Right. Specifically for any -- I'd be 9 talking about any of them, failing any of them, as a 10 negative thing. In his case, it is the clinical 11 knowledge score. 12 Q. And so the fact that he didn't have a CS 13 score is not what you are referring to? 14 A. No. 15 Q. Okay. Do you have any knowledge about what 16 programs Dr. Patterson applied to for his second 17 application for a match? 18 A. I don't remember which time he applied for. 19 I know that I heard applications to Stanford and some 20 really top notch programs, which would have been 21 difficult for somebody in the top 15 percent of the 22 class here, not somebody in the bottom. 23 So I thought the list of programs was 24 weighted very heavily to programs that were well 25 beyond his capabilities of getting an interview or</p>	<p>1 necessarily be asking them to commit to him for a 2 five-year residency, but try me out and I'll work 3 hard and then hopefully then sell myself to either 4 that program or other programs later. 5 Q. And do you know whether or not he followed 6 that advice? 7 A. I don't remember seeing a full list of 8 everything he tried to match for, but my impression 9 was he was trying -- weighing it much heavier toward 10 programs that he had little to no chance. 11 Q. Would that be consistent with your 12 impression that he lacked self awareness? 13 A. Correct. 14 Q. And you are not stating that there is any 15 specific program that you are aware of who declined 16 to interview him because of the fact he had a gap 17 year, are you? 18 A. I have no specific knowledge of that. 19 Q. And the same would be true, you don't have 20 any specific knowledge that any particular program 21 just disqualified him from residency because of his 22 gap year? 23 A. I have no knowledge of that. 24 (Defendant's Exhibit No. 3 was marked for 25 identification purposes.)</p>
<p>even remotely being a resident. Q. In your experience, is it important for the fourth year medical students who are attempting to get into residency to have a realistic appreciation of what they might be capable of achieving in terms of a residency?</p> <p>A. Absolutely. This is just like colleges, You want to have some that are sure bets, and you can pick a few to try to sell yourself to that are beyond sure bets, but you need some backup programs. So you need a spectrum of programs to match at and to try to match. So you definitely need some. And his target had to be fairly low for him to be reliably matched.</p> <p>Q. And did you have -- and again, I may be asking this -- it may be the same question and asking it a little different way.</p> <p>Did you have an impression, back during the time when you were talking to Dr. Patterson, about whether or not his expectations were realistic for his medical school performance and board scores?</p> <p>A. We had some pretty serious discussions about his expectations and his desires not matching his direct likelihood of getting into a program, which is why I encouraged community surgical programs that had been on probation and programs where he wouldn't</p>	<p>Q. (BY MS. ALDEN) I'm handing you what has been marked as Exhibit 3 to your deposition. And I'll ask you to look through that stapled packet of documents, if you would. A. Okay. Yes. Q. And I will represent to you that these are documents that were produced by the University of Arkansas in response to a subpoena in this case. Do these appear to you to be -- let me ask you this. You talked earlier about in your experience in evaluating prospective residents, you were involved in ranking residents who were interviewed. A. Correct. Q. Do I understand that correctly? A. Yes. Q. And did you guys -- you said you met -- as a committee, you met. Did you make notes when you visited with prospective candidates? A. Yes. We have a standardized ranking form that the faculty do and write comments. Plus, the residents who usually go to dinner the night before with them or take them on tours around the hospital and answer questions also put in comments as well,</p>
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Q. There's a screening process someplace. And the presence of a gap year before anybody actually looks at physical records shows up in that screening process; true? A. It does. It's the cause for the gap that's the hurdle, not the gap. Again, I'm giving you an example of students at Hopkins that got very inspired by doing research -- summer research in their time off medical school regular classwork and got very enthused about it and decided to do gap years in a very powerful research lab and were very productive. That doesn't hurt them at all.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	So it's the cause of the gap year that's the issue, not the fact that you have a gap year. It's the underlying cause of the gap year.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Q. A student from medical school like the University of Oklahoma has a much better chance of getting a match than a student from Grenada or Guadalajara Medical School; true? A. Typically.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	MR. CLARK: That's all. Thank you, Doctor. MS. ALDEN: I don't have any other further questions.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	I do need to tell you that you have the ability to read and sign your deposition and look to
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	make sure the court reporter took everything down or that you were --
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	THE WITNESS: She's going to review it for me and tell me if I need to change anything.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	MS. NEEDHAM: I have asked for an e-mail copy.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	THE REPORTER: So is he going to read and sign?
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	MS. NEEDHAM: He can waive that.
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	(Signature waived; witness excused;
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	deposition concluded at 10:15 a.m.)

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